AMBULANCE BULLETIN
Vol. 24, No. 1
October 26, 2001

Missouri MEDICAID Bulletin

www.dss.state.mo.us/dms

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MC+ MANAGED CARE

MC+ Managed Care Health Plans provide ambulance services as a benefit to their enrollees. Providers should contact the health plan for their program policies. The information contained in this bulletin refers to services provided on a fee-for-service basis.

2001 HCPCS UPDATES

The Division of Medical Services (DMS) will convert to the 2001 Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) ambulance procedure codes and modifiers on January 1, 2002. Claims with dates of service January 1, 2002 and after must contain the procedure codes and modifiers found in the 2001 HCPCS book. Changes made as a result of the HCPCS conversion include the deletion, addition, or replacement of current codes and addition or replacement of modifiers. See the attached charts for a list of converted codes and modifiers.

Basic Life Support Services

The HCPCS conversion changed the procedure codes for Basic Life Support (BLS) service (A0429, A0429YG), but did not change the definition of BLS services. See the attached charts for a list of converted codes. BLS services are those in which transportation is provided and basic services are provided. Basic services are usually provided by an EMT-Basic. Basic services include, but are not limited to, the control of bleeding, splinting fractures, treatment for shock, delivery of babies, cardio-pulmonary resuscitation (CPR), etc. The Medicaid Maximum Allowable for BLS transport *includes* supplies.

Advanced Life Support Services

With the implementation of the 2001 HCPCS procedure codes, Advance Life Support (ALS) services are billed based on the level of ALS service provided. ALS services are those beyond the scope of an EMT-Basic and are usually performed by a Paramedic. Below are DMS' definitions of the three (3) levels of ALS services. See the attached charts for a list of converted codes.

- ALS, no specialized ALS services rendered (A0368, A0368YG) may be billed when ALS transport is provided but no ALS services were required by the patient's condition.
    - The Medicaid Maximum Allowable for ALS, no specialized ALS services rendered *does not include* supply cost.

- Supplies may be billed separately if appropriate. Refer to the section in this bulletin regarding "Supplies Separately Billable" for further explanation.

- ALS level 1 service (A0427, A0427YG) may be billed when ALS transport is provided and ALS services are provided, but do not meet the criteria for ALS level 2.

  - The Medicaid Maximum Allowable for ALS level 1 *includes* supplies.

- ALS level 2 service (A0433, A0433YG) may be billed when ALS transport is provided and the administration of three (3) or more different medications **AND** at least one (1) of the following ALS level 2 specialized services is provided:

  - Manual defibrillation/cardioversion
  - Chest decompression
  - Endotracheal intubation
  - Surgical airway
  - Central venous line
  - Intraosseous line
  - Cardiac pacing

  - When billing ALS level 2, the criteria **must** be documented on the ambulance trip ticket.

  - The Medicaid Maximum Allowable for ALS level 2 *includes* supplies, medications *and* specialized ALS level 2 services.

Hospital to Hospital Transfers

Ambulance transfers of patients from one hospital to another hospital to receive inpatient medically necessary services *not* available at the first facility are covered by DMS. Hospital transfers may be covered when the patient has been stabilized at the first hospital, but needs a higher level of care available only at the second hospital. Examples of medically necessary transfers include services not available at the first facility such as rehabilitation, a burn unit, ventilator assistance, or other specialized care. Transport from a hospital capable of treating the patient because the patient and/or the patient's family prefer a specific hospital or physician is not a covered service.

DMS covers transfers from one hospital to another hospital under the emergency ambulance program when it meets the transfer criteria above; for accurate reporting purposes, two non-

emergency procedure codes have been added to allow providers to report those hospital transfers which are not considered to be emergent by the ambulance provider, but which meet the transfer criteria outlined in this bulletin. Effective for dates of service on or after January 1, 2002, ambulance transfers from one hospital to another must be billed using appropriate base rate procedure code (see list below) with the modifier **"HH"**.

- A0428HH (Ambulance service, BLS, non-emergency transport-hospital to hospital transfer)
- A0426HH (Ambulance service, ALS 1, non-emergency transport-hospital to hospital transfer)

- A0429HH (Ambulance service, BLS, emergency transport-hospital to hospital transfer)
- A0368HH (Ambulance service, ALS, no specialized services rendered, emergency transport-hospital to hospital transfer)
- A0427HH (Ambulance service, ALS 1, emergency transport-hospital to hospital transfer)
- A0433HH (Ambulance service, ALS 2, emergency transport-hospital to hospital transfer)

Specialized Testing and Treatment

Medicaid covers ground ambulance round trip transport from a hospital to a medical facility for specialized testing and treatment. Missouri has adopted the Ambulance Origin and Destination modifiers used with the HCPCS Level II Procedure Codes. The modifier is used to show that the point of origin (point of pick up) is "H" (hospital) and destination is "D" (diagnostic or therapeutic site). For claims submitted on or after January 1, 2002 procedure code A0428**HD** (BLS ambulance, non-emergency transport-specialized testing/treatment) must be used when billing for a round trip transport for specialized testing/treatment. Only one base charge is payable even though two separate trips or waiting time may be involved. Procedure code A0428**HD** can be billed by ground ambulance only. BLS mileage may be billed if patient transport from point of pickup to destination and back to point of pickup is more than five miles.

The appropriate place of service when billing for specialized testing/treatment is 21 (Inpatient hospital) since the hospital is both the point of pick up and final destination after receiving services at the diagnostic or therapeutic site.

Supplies Included in Base Rate-Ground

With the implementation of the 2001 HCPCS procedure codes, supplies are no longer billable as a separate service. The HCPCS replacement base codes for ground ambulance now *include* supplies in the reimbursement of the base rate. The Medicaid Maximum Allowable has been adjusted for the following replacement ground base rate codes to include the average cost of supplies: A0426HH, A0427, A0427YG, A0427HH, A0428HH, A0428HD, A0429, A0429YG, A0429HH, A0433, A0433YG, and A0433HH.

Supplies Separately Billable-Ground

When billing procedure code A0368 (ALS, no specialized ALS services rendered), the following supply codes may be billed in addition to the base rate if appropriate:

- A0398 (ALS routine disposable supplies) and
- A0422 (Oxygen and oxygen supplies).

When billing A0368YG (ALS, no specialized services rendered-HCY), the following supply codes may be billed in addition to the base rate if appropriate:

- A0398YG (ALS routine disposable supplies-HCY) and
- A0422YG (Oxygen and oxygen supplies-HCY).

When billing A0368HH (ALS, no specialized services rendered-hospital to hospital transfer), the following supply codes may be billed in addition to the base rate if appropriate:

- A0398 (ALS routine disposable supplies) and
- A0422 (Oxygen and oxygen supplies).

Supplies Separately Billable-Air

Air ambulance providers may continue to bill supplies separately when appropriate.

When billing A0431 (Conventional air service, one way {rotary wing}), the following supply codes may be billed in addition to the base rate if appropriate:

- A0398 (ALS routine disposable supplies),
- A0422 (Oxygen and oxygen supplies),
- A0394 (IV drug therapy),
- Y0025 (IV set up and fluids), and
- Y0029 (EKG transmission).

When billing the A0431YG (Conventional air service, one way {rotary wing}-HCY), the following supply codes may be billed in addition to the base rate if appropriate:

- A0398YG (ALS routine disposable supplies-HCY),
- A0422YG (Oxygen and oxygen supplies-HCY),
- A0394YG (IV drug therapy-HCY),
- Y0025YG (IV set up and fluids-HCY), and
- Y0029YG (EKG transmission-HCY).

Mileage Procedures

Missouri Medicaid will *not* be implementing the 2001 HCPCS mileage code changes at this time. Ground ambulance will continue to bill using the following mileage codes:

- A0380 (BLS ground mileage),
- A0380YG (BLS ground mileage-HCY),
- A0390 (ALS ground mileage), or
- A0390YG (ALS ground mileage-HCY).

The Medicaid Maximum Allowable for A0380 and A0380YG will continue to be $2.00 per mile after the first five miles for BLS trips.

The Medicaid Maximum Allowable for A0390 and A0390YG will continue to be $2.50 per mile after the first five miles for ALS trips.

REMOVAL OF THE SECONDARY DIAGNOSIS REQUIREMENT

Effective January 1, 2002, the 'Y' secondary diagnosis code(s) will no longer be required. The secondary diagnosis field should contain the appropriate International Classification of Diseases, 9th Revision (ICD-9) diagnosis code that further explains the patient's condition. A list (not all inclusive) of the common diagnosis codes used can be found on the Internet at www.dss.state.mo.us/dms under Section 18 of the Ambulance Provider Manual.

DECEASED RECIPIENTS

The following is a clarification (underlined) to Section 13.3.P of the Ambulance Manual.

1) If the recipient was pronounced dead* ***before*** the ambulance was called, no Medicaid payment will be made.

2) If the recipient was pronounced dead* ***after*** the ambulance was called, but ***prior*** to arrival at the scene, payment may only be made for mileage from the base to the point of pickup. Transport from point of pickup to destination is not payable. The base rate is not

payable.

3) If the recipient was pronounced dead* ***after*** the ambulance arrived on scene, but ***prior*** to transport, and life saving measures were performed at the scene (ALS level 1 or 2 must be documented on a trip ticket), the base rate and mileage from base to point of pick up may be covered.

4) If the recipient was pronounced dead* while en route to or upon arrival at the destination, (ALS level 1 or 2 must be documented on the trip ticket) the base rate and mileage from point of pick up to destination may be covered.

* The individual is considered to have expired as of the time he is pronounced dead by a person who is legally authorized to make such a pronouncement, usually a physician.

Note: An ambulance trip ticket must be attached to the claim for documentation.

BILLING REMINDER - GROUND AMBULANCE

When transportation is provided for two emergency trips in one day for the same recipient, the provider must bill the appropriate base code with quantity of '2.' The total mileage (both trips) must be billed with the appropriate mileage code. Trip tickets must be attached to the claim for each trip. If one trip is ALS and one trip is BLS, each trip should be billed on the same claim form with the appropriate procedure codes and trip tickets.

When individuals are transported by ambulance to an emergency room, are subsequently treated and released without admission to the hospital, the return trip home or back to a nursing facility is not covered under the ambulance program. When called to transport recipients for non emergent trips, providers must inform the recipient or their family that they will be responsible for the cost of the non-emergent ambulance transport. Please review the Recipient Nonliability section of the Provider Manual, Section 13.1.E.

The recipient, the recipients family, providers (including ambulance providers), social workers, case managers, hospital staff, nursing home staff and other related parties may call Medical Transportation Management (MTM), the Non-Emergency Medical Transportation (NEMT) broker for the State, at (888) 863-9513 to arrange for NEMT to and from medical providers. Refer to Section 22 of the Provider Manual for more information on NEMT.